

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ACCOMPLISH		APPLICANT ACCOMPLISH	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	/					
30		/				
31		/				
32	/	/				
33		/				
34		/				
35	/	/				
36	/	/				
37		/				
38	/	/				
39		/				
40		/				
41	/	/				
42		/				
43		/				
44	/	/				
45		/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	8					
TOTAL DEP.	21					
TOTAL CLAIMS	29					

	AD FILED		APPLICANT ACCOMPLISH		APPLICANT ACCOMPLISH	
	DID	DEP	DID	DEP	DID	DEP
51		/				
52		/				
53		/				
54	/					
55		/				
56		/				
57		/				
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						